

Appendix B
Dauphin County Opioid Remediation Municipal Grant Program
FY 2022-23 Application Cover Page

Applicant Name: _____

Project Name: _____

Sponsor/Co-Applicant (if applicable): _____

Sponsor/Co-Applicant Contact: _____

Brief Project Description: _____

Amount of Funding Request: _____

Contact Person and Title: _____

Address: _____

Telephone: _____ Fax: _____

Contact E-Mail Address: _____